DHS/Mental Retardation/Developmental Disabilities Administration

Transmittal Letter No.

Location: **Distribution:**

SUBJECT: **Restricted Control Procedures/Behavior Support Policy**

Date: November 1, 2001

This policy describes the approach to building and maintaining environments that provide maximum positive supports to a person's behavioral functioning that is responsive to the needs of persons experiencing challenging behaviors, including symptoms of mental illness. Further, the policy provides guidelines for the development of a Behavior Support Plans and for the use of restricted controls as part of a planned or emergency intervention to addressing challenging behaviors.

This policy applies to all employees of the Department of Human Services, Mental Retardation Developmental Disabilities Administration (DHS/MRDDA) and all **individuals** and agencies that provide services or supports to **persons** with mental retardation and/or developmental disabilities through funding, contract or provider agreement with the District of Columbia. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

Revisions:

Amendments:

Bruce C. Blaney 10/31/01
DHS/MRDDA Administrator Date

Carolyn W. Colvin 11/27/01
Carolyn W. Colvin Date
DHS Director

POLICY AND PROCEDURE

Transmittal Letter No. Supersedes: Manual Location:

SUBJECT: RESTRICTED CONTROL PROCEDURES/BEHAVIOR SUPPORT POLICY

CHAPTER: NUMBER: EFFECTIVE DATE: November 1, 2001

I. PURPOSE

This policy describes the approach to building and maintaining environments that provides maximum positive support to a person's behavioral functioning that is responsive to the needs of persons experiencing challenging behaviors, including symptoms of mental illness. Further, the policy provides guidelines for the development of a Behavior Support Plan, and for the use of restricted controls as part of a planned or emergency intervention to address challenging behaviors.

II. SCOPE

This policy applies to all employees of the Department of Human Services, Mental Retardation Developmental Disabilities Administration (DHS/MRDDA) and all individuals and agencies that provide services or supports to persons with mental retardation and/or developmental disabilities through funding, contract or provider agreement with the District of Columbia. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

III. AUTHORITY

The authority of this policy is established in D.C. Code §7-1301 et. seq.; *Evans v. the District of Columbia*, June 14, 1978; *and Evans v. Williams*, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999. DC Code 2-137: 2001 Plan For Compliance and Conclusion of *Evans v. Williams*; DC Code, Title 6, PL. 93-112, Human Rights Act of 1964.

IV. DEFINITIONS

Aversive: The use of painful or noxious stimuli to the body that is intrusive to the individual's physical, mental or emotional well being, used to terminate challenging or maladaptive behaviors.

Behavioral Analyst or Consultant: A Masters degree level clinician who specializes in analyzing behavior for function and communicative intent, and who meets the qualifications set forth in MRDDA's training policy. The role of this professional includes functional assessment of behaviors, behavior support plan development, implementation, monitoring and review, staff training and development, and/or other duties related to the coordination, delivery, or oversight of behavioral services.

Behavior Crisis: An event in which a person exhibits a sudden emergence or escalation of challenging behaviors, in response to internal and/or external stimuli.

Behavior Support: Behavior supports are proactive, ongoing supports in a person's environment that assist the individual to meet his/her needs and desires and attain his or her personal outcomes identified in the ISP. Behavioral supports may take many different forms, but there are three general categories of behavioral supports:

1. **Behavior Crisis Management:** Strategies that focus on minimizing both the escalation and negative impact of unwanted behaviors on the individual and the social and physical environment. While behavior management strategies may be preventative, the concept of crisis management implies that the initial stages of behavioral crisis have already been observed. Examples of crisis management techniques include: redirection techniques, planned ignoring, problem solving, and stimulus reduction, time out strategies, physical restraint and other reactive procedures.
2. **Behavior Crisis Prevention:** Proactive support strategies that focus on preventing or reducing stress factors that lead to behavioral crisis. They target the physical and/or social environment and seek to assist the individual with avoiding certain types of environmental hazards, stimuli or stressors. These are sometimes referred to as proactive behavioral interventions, as they focus on preventing behavioral crises from occurring.
3. **Behavior Development/Skills Training:** Behavior development/skills training supports are strategies designed to broaden an individual's repertoire of adaptive behavioral skills. These approaches focus on learning or strengthening the learning of behaviors that are safe, effective and appropriate for an individual to use in the effort to express or meet his or her needs. The emphasis is on the enhancement and development of an individual's ability to tolerate, avoid or manage internal or environmental stressors that are difficult to consistently avoid. Examples of this approach include: social skills training, relaxation techniques, positive assertiveness training, symptom management techniques, and other procedures designed to expand a person's repertoire of adaptive skills.

Behavior Support Plan: A component of the Individual Support Plan (ISP) that defines individually tailored behavior supports to assist the person with development of positive behaviors as a replacement for challenging behaviors.

The Plan also provides steps and methods to help the individual address his or her challenging behaviors before employing restricted controls.

Challenging Behaviors: Behaviors and symptoms, defined on an individual basis, which are consistently disruptive to the physical or social environment, which pose a significant danger to others or oneself, or which interfere with the attainment of learning goals or personal outcomes identified through a person-centered ISP process. Such behaviors may result from internal factors, from past learning, or from environmental factors.

Chemical Restraint: Application of emergency psychotropic medication to control acute, episodic behavior that restricts movement or function of the individual for the protection of the individual or others from harm. PRN use of psychotropic medications is considered chemical restraint.

Circle of Support: Consists of the person and members of the person's familial, professional and community support network, such as, but not limited to, family members, staff, friends, neighbors, and acquaintances at work and in the community. These individuals all provide some support to the person, but may or may not participate in the formal development and implementation of the person's individual support plan.

Corporal Punishment: Physical punishment of any kind, such as slapping, hitting, spanking, or otherwise intentionally inflicting physical pain or discomfort.

Emergency Use of Restricted Controls: Emergency use of restricted controls exists when:

1. There is no approved Behavior Support Plan that incorporates the planned use of restraint or protective equipment interventions;
2. A person's behavior has caused, or may imminently cause, property destruction, immediate threat of harm to self or others, or significant disruption of his or her environment to the degree that the human or civil rights or welfare of others may be compromised; and
3. Less restrictive measures have been used or considered and were ineffective or contraindicated, or when a failure to use immediate restricted controls would constitute danger of harm.

Individual Support Plan: Individual Support Plan (ISP) means a specific plan developed for the purpose of outlining all supports that a person may receive.

Individual Support Team: The Support Team is the subset of the individual's Circle of Support who are involved in helping to assess the individual's status and progress towards personal outcomes as identified in that individual's ISP. The Support Team ensures the formulation and provision of support services that are needed to address personal goals while maintaining the health, safety and welfare of that individual. An individual and his/her parent/guardian may choose an

Individual Support Team from any willing and interested member of that person's Circle of Support. It generally includes: family members; case manager; legal guardian; advocates, and the individual's attorney, where applicable; staff that work most closely with the person in his or her daily life; and any professionals who contribute to the assessments, actions, and outcomes identified in the Individual Support Plan.

PRN: "As needed" (*pro re nata*). PRN frequently refers to a standing order for a medication or procedure.

Proactive Interventions: Methods for increasing a person's use of appropriate skills and/or protecting a person from stressful situations in a manner that prevents the emergence of challenging behaviors. Proactive interventions are the result of a functional and diagnostic assessment that identify the individual's capabilities, strengths and vulnerabilities, and which utilize this knowledge to build coping skills and structure the physical and/or social environment to prevent behavior crises.

Programmatic or Planned Use of Restricted Controls: Programmatic use of restricted controls occurs when:

1. An approved Behavior Support Plan exists that incorporates the planned use of restricted controls;
2. A person's behavior has caused, or may imminently cause, property destruction, immediate threat of harm to self or others, or significant disruption of his or her environment that may cause harm to the person` or others;
3. Less restrictive measures have been used or considered and were ineffective or contraindicated; and
4. The person and his/her parent or guardian has provided informed consent to use the restricted control procedure and the Human Rights Committee has approved its use.

Property Damage and Destruction: Significant damage to property that occurs as the direct result of a person's behavior. Property damage does not include normal wear and tear of property that results from everyday use, but rather intentional or unintentional destruction resulting from a person's behavior.

Protective Equipment: MRDDA approved devices applied to any part of a person's body that prevents tissue damage or other physical harm. Protective equipment includes the following:

1. Helmets, with or without face guards that are not used for protection from seizures or a specific physical condition not related to behavior.
2. Gloves or mitts.
3. Goggles.
4. Pads worn on the body that prevent tissue damage but do not restrict movement.

5. Clothing or adaptive equipment specially designed or modified that does not restrict movement.

For purposes of this policy, the following uses of equipment are **not** defined as restricted controls and are not subject to this policy:

1. Devices designed by an appropriate professional that are used to provide support to achieve functional body alignment or body positions.
2. Stretcher belts, one-piece safety belts, bed rails, and transportation safety belts intended to prevent a person from accidentally falling.
3. Devices used as a part of or following a specific medical, dental, or surgical procedure (e.g., goggles following eye surgery).
4. Devices used to prevent or minimize harm to a person due to a physical condition (e.g., helmet for seizures as differentiated from helmets used to address a behavior such as head banging).

Psychotropic Medication: A drug prescribed specifically to stabilize or improve mood, mental status, or behavior. Common psychotropic medications include: antipsychotic, antianxiety, antidepressant, antimania, stimulant, and sedative-hypnotic classifications. Psychotropic drugs may also have non-psychiatric indications and may be used for other purposes.

Redirection: Shifting attention and/or activity of an individual to a more adaptive and/or positive activity or behavior this may serve to prevent or reduce the escalation of undesired behaviors.

Restraint: Any manual method or mechanical device used to restrict the free movement of an individual. All restraints are considered to be restricted procedures, and the emergency use of restraint is a Reportable Serious Incident. Restraints include:

1. **Physical/Manual Restraint**: Physical/manual restraint includes any use of physical force or physical interaction to prevent, limit or forcibly direct the movement of an individual.
2. **Mechanical Restraint**: The application of a device to any part of a person's body that restricts or prevents movement and/or mobility including, but not limited to, the following mechanical restraint devices and practices:
   a. Restraint vests, camisoles, body wraps;
   b. Devices that are used to tie or secure a wrist or ankle or other body parts to prevent movement; and
   c. Restraint chairs or chairs with devices that prevent movement.

Restricted Control: Any device or procedure that:

1. Restricts, limits or directs a person's freedom of movement (such as, but not limited to, mechanical restraint, manual restraint, or time out procedures).
2. Restricts access to personal property; removes something the person owns or has earned.

3. May otherwise be considered to compromise the human or civil rights of an individual.

Seclusion: Placement of an individual in a room or other area from which egress is prevented, and which results in involuntary isolation from others and from ongoing activities. Seclusion is a restricted procedure.

Time Out: Removal of an [adult] individual from a reinforcing or enjoyable environment to a neutral one in which reinforcement is not present. This may range from having an individual move away from an activity, to leaving the room altogether. This may be voluntary or involuntary. Any time out in which physical intervention or restraint is involved, or which is presented as mandatory (e.g., the individual is directed without choice) is considered a restricted procedure.

V. POLICY

A. Positive Behavioral Support

It shall be the policy of the District of Columbia Mental Retardation and Developmental Disabilities Administration (MRDDA) to facilitate the provision of positive behavior supports that are person-centered, assist the individual in attaining his or her vision, and reflect an understanding of the individual's environmental, biological, and psychological factors.

The concept of positive behavioral support is consistent with the observation that when a person is able to meet his or her basic needs and desires, that person is more likely to behave in a generally positive and/or appropriate manner. Thus, it is critical to understand an individual's needs and desires in order to help that individual develop a safer or more acceptable manner of expressing and achieving them.

B. Behavior Support Plans

The goal of developing and implementing a Behavior Support Plan is to identify techniques and strategies that will build on a person's skills, abilities, and motivations to help him or her develop positive alternatives to identified challenging behavior. Behavior support plans should emphasize positive, proactive, and effective strategies, and should minimize the use of restricted or intrusive procedures for the individual and circumstance. Behavior Support Plans may also include the use of restricted controls, but only with the consent and approval of the consumer and/or consumer's guardian/parent, the agreement of the individual support team, and the written approval of a human rights or behavior management committee.

C. Use of Restricted Controls

The planned and/or emergency use of restricted procedures is strictly governed by the policies set forth in this document. Only methods of restricted control approved by MRDDA may be employed. Restricted controls are permitted when the following conditions apply:

1. As a last resort, when active treatment strategies have been considered/attempted and would not protect the person or others from harm, or prevent property damage.
2. When other less intrusive or restricted methods have been ineffective.
3. As a planned intervention in approved behavior support plans, or on an emergency basis under circumstances defined in the policies below.

Restricted controls may not be used in an arbitrary manner, as punishment, for staff convenience, as a substitute for services, or for a longer period of time than is necessary to ensure that a person is no longer a threat to him/herself or others.

The emergency use of restricted controls is **ALWAYS** considered a **Serious Reportable Incident** and must be documented, reviewed, and reported in a timely manner consistent with the requirements of MRDDA's Incident Management policy.

D. Assessment of the Need for Restrictive Controls

The planned use of restricted controls shall be based on a comprehensive assessment of the person's skills and abilities. The assessment shall identify the skills an individual needs that inhibits his or her adjustment to daily life routine; situations that need to be avoided; symptoms of underlying medical or psychiatric conditions; and appropriate coping skills.

E. Emergency Provisions

When a person's behavior provides risk of harm to self or others, steps will be immediately taken to safeguard the person and others including the emergency implementation of behavior intervention strategies. The emergency provision will remain in effect for a period of five (5) working days allowing time for appropriate assessments and long-term intervention if necessary.

F. Least Restrictive Intervention

MRDDA is committed to the prevention, reduction, or elimination of the use of restricted controls by using the least restrictive intervention whenever possible and by preventing emergencies that have the potential to lead to use of restricted controls. Further, MRDDA has the mandate to preserve the person's safety and dignity whenever there is use of restricted controls. Toward that end, the use of restricted controls shall be discontinued as soon as safely possible.

G. Psychotropic Medication

1. Psychotropic medications shall not be the first treatment of choice for behavior problems. Positive behavior support approaches may be equally or more effective and treatment decisions should always be made on an individual basis. Without a formal assessment and diagnosis of an Axis I mental disorder by a physician, use of psychotropic medication will be considered as "chemical restraints", which are prohibited by MRDDA policy. Use of PRN psychotropic medications is not allowed.

   Historically, the use of psychotropic medication for behavior management/control has been common and routine. However, recent research clearly indicates that this practice is questionable for many individuals. The long-term use of psychotropic medication can result in very debilitating side effects and often does little to lead to the development of more adaptive behavior. However, it must be recognized that psychotropic medication can be an integral part of treatment for some individuals, particularly those who manifest severe psychiatric disorders. When such a disorder is formally assessed and diagnosed by a board eligible or board-certified psychiatrist, the use of psychotropic medications may be considered an appropriate part of routine treatment. For individuals who have been receiving psychotropic medications for a prolonged period of time, it is often necessary to make a systematic and carefully monitored attempt to reduce and/or discontinue medications in order to know if they are necessary and appropriate. For those individuals who do benefit from medication, this process also yields information that helps to establish and maintain the minimum dosages necessary for effective treatment. MRDDA encourages this process of medication reduction and discontinuation, and many individuals have been successfully and permanently weaned from psychotropic medications.

   If a person has significant developmental delay or is unable to fully understand or describe the potential risks, benefits and potential side effects of psychotropic medications, a formal behavior support plan must be developed to monitor behavioral progress. In addition, regular updated behavioral data must be supplied to the physician in order to ensure minimal effective dosages of psychotropic medications. For this reason, psychotropic medications are considered a restricted control.

2. Psychotropic medication may be prescribed to prevent the immediate deterioration of a person's mental status when a person manifests severe psychiatric symptoms, and when prescribed by a licensed physician. In the event that a non-psychiatrist prescribes psychotropic medication to prevent the immediate deterioration of the person' mental status, a board eligible or board-certified psychiatrist must conduct an assessment of the individual within thirty (30) days. Psychotropic medication may be continued only when the person has an Axis I diagnosis of a mental disorder, and the psychiatrist's assessment

concurs with the need for psychotropic medication. Refer to MRDDA's Policy on the Use of Psychotropic Medications.

H. Procedures That Are Prohibited

The following procedures are expressly forbidden by DHS/MRDDA policy:

1. Any prohibition of contacts and/or visits with an individual's guardian, family, attorney, probation officer, placing agency representative, regulatory or advocacy personnel, minister, or religious representative (minister, rabbi, chaplain).
2. Any procedure or action which is degrading, humiliating, harsh, or abusive.
3. Any form of corporal punishment or systematic aversive conditioning. This includes the contingent use of unpleasant substances, laxatives, etc. to modify behavior.
4. Subjection to unclean, unsafe and/or unsanitary living conditions.
5. The use of seclusion or secured time out rooms.
6. The use of mechanical restraints, as defined in this policy.
7. The PRN use of psychotropic medications, and all forms of chemical restraint as defined in this policy.
8. Deprivation of opportunities for bathing, toilet use, or other forms of basic hygiene.
9. Deprivation of any needed health care or mental health services.
10. Systematic deprivation of fluids or nutritionally balanced meals or snacks.
11. Systematic deprivation of sleep or rest.
12. Withholding of incoming or outgoing mail.
13. Disciplining of consumers by other consumers or the implementation of one consumer's behavior program by another consumer.

I. Provider Policies

All providers that offer supports and services to people with mental retardation or other developmental disabilities must develop written policies for the development of behavior supports and use of restricted controls. Providers must be able to demonstrate the capacity to develop appropriate and effective Behavior Support Plans and use restricted controls appropriately. The policies shall include the requirements contained in this policy.

VI. REQUIREMENTS

Challenging behaviors may emerge or escalate for many reasons, and the development of a behavior support plan may or may not be an appropriate intervention. The following steps and criteria are required by MRDDA policy, in order to ensure an adequate and appropriate assessment and diagnostic process occurs, with minimum use of intrusive and/or restricted procedures in addressing challenging behaviors.

A. Determination of Need for Behavior Assessment

Person Responsible: QMRP or Provider Program Manager, MRDDA case manager, and members of the Individual Support Team. The MRDDA case manager's responsibility includes monitoring the need for a behavior assessment and assisting the QMRP or Provider Program Manager with the process.

The ISP assessment process includes evaluation of the individual to determine whether the person is at risk of harming himself or herself, or others, including staff. Whenever it appears that a person's behaviors may prevent him or her from achieving the personal outcomes identified in the ISP, or may be at risk of causing harm or property damage, the ISP team shall recommend an initial behavioral assessment. Without such assessment, it is not possible to determine whether the development of a behavior support plan is the most appropriate response to challenging behaviors.

B. Initial Behavioral Assessment

Person Responsible: QMRP, or Provider Program Manager, Case Manager, and Behavior consultant, psychologist or other qualified clinician, in collaboration with the Individual Support Team. The MRDDA Case Manager's responsibility includes monitoring the status of the initial behavioral assessment and assisting the QMRP or Provider Program Manager with the process.

The initial assessment may be informal and should consist of a description of problem behaviors including frequency, severity, and history, as well as a brief assessment of the possible etiology, contributing factors and functions of the behaviors of concern. It will also specify recommendations for follow-up, which may include, assessments by other disciplines, recommendations for treatment strategies, revisions of a current program, and/or the development of a new behavior support program.

For individuals who are unable to verbally report symptoms, the possibility of underlying medical, dental, nutritional, or physiological problems should be assessed and ruled out before a behavior support plan is developed. The ISP Team shall consult any member of the individual's Circle of Support, with the individual's permission, to discuss possible triggers to challenging behaviors, and shall consider one or more strategies, including consideration of the following:

1. Determine if there are any needed medical interventions that may help to eliminate or treat any conditions contributing to the person's challenging behavior. Such interventions may include:
   a. Initiating or changing medications to eliminate pain or discomfort or to treat a physical illness or condition;
   b. Initiating or changing treatments prescribed for an illness or condition; and
   c. Adjusting life style or self-management to support desired health outcomes.

2. Determine if there are any needed adjustments to the ISP that should be made that relate to quality of life considerations and assist the person in reaching his or her vision. Such adjustments may include:
   a. Developing a more meaningful schedule of activities;
   b. Obtaining a suitable work situation;
   c. Obtaining a more suitable home environment;
   d. Developing relationships with other people;
   e. Providing more opportunities to engage in preferred activities;
   f. Eliminating barriers that prevent a person from accessing friends and family;
   g. Changing housemates and/or staff assignments; and
   h. Modifying supports so the person may experience or develop greater independence with daily activities.

3. Determine if there are any environmental changes that are needed to minimize or eliminate factors contributing to the person's challenging behavior. Such changes may include:
   a. Altering the physical environment such as reducing noise, increasing space, and ensuring availability of preferred items.
   b. Eliminating situations in which the person is required to comply with undesired activities.
   c. Changing the schedule of activities.
   d. Modifying how staff listen to and communicate with the person.
   e. Increasing the opportunities for the person to have more choice and/or control over situations, activities, environments;
   f. Assisting the person to communicate his or her desires more effectively. Determining if there are any psychiatric services that should be accessed, including psychotropic medication, as recommended by a licensed psychiatrist to improve or stabilize an Axis I diagnosed psychiatric condition.

C. Determination of Need for a Formal Behavior Support Plan

Person Responsible: QMRP, Behavior consultant, psychologist, or other qualified clinician, in collaboration with the Individual Support Team. The MRDDA Case Manager's responsibility includes monitoring the need for a formal Behavior Support Plan, and assisting the QMRP or Provider Program Manager with the process.

Determine whether a Behavior Support Plan is necessary and whether a structured, planned behavior intervention is warranted. Any of the following conditions require the development of a formal behavior support plan:

1. Strategies noted above in the Initial Behavioral Assessment Section (VI.2. a-c,) even if helpful, may have been determined to be insufficient to adequately address identified challenging behaviors.
2. Some strategies noted above (VI.2.a-c) may be effective, but may not be immediately feasible. For instance, finding a new and more appropriate job placement may take several months, or developing more effective communication strategies may require a significant period of training.

Therefore, it is reasonable to expect that challenging behaviors will continue to occur.

3. The identified challenging behavior is severe enough to pose a risk of harm or to require the use of restricted controls to prevent harm, and the behavior is not immediately and totally eliminated through implementation of a simple environmental change.
4. Whenever psychotropic medication, restraint, time out, protective equipment, restricted access to personal belongings or any other restricted control will be used to address psychiatric symptoms or behavior, a Behavior Support Plan must be developed and approved by MRDDA.

D. Functional Assessment of Behaviors

Person Responsible: If a Behavior Support Plan is deemed necessary by the ISP team, it shall be developed by a licensed psychologist with input from a behavior consultant, if desired, and in collaboration with the Individual Support Team. This includes individuals from every environment in which the challenging behaviors have occurred. The team shall also consult any member of the individual's Circle of Support, with the individual's permission, to discuss possible triggers to challenging behaviors and strategies for promoting appropriate behavioral functioning. Information gathered from contexts where the behaviors do not occur may also be extremely helpful in identifying proactive strategies. The MRDDA Case Manager shall monitor the need for, and status of, a Behavioral Support Plan and assist the ISP team with its completion.

Understanding the functions of an individual's behavior is fundamental to the formulation of safe, appropriate and effective behavioral supports that address the individual's needs and desires. A comprehensive assessment may be necessary in order to achieve this understanding. The functional assessment process includes:

1. The identification and definition of specific challenging behaviors. Challenging behaviors must be described in a specific and concrete manner. Where terms such as "aggression" are used, there must be a specific description of the behaviors being identified as aggressive.

2. The identification of possible/probable antecedents to the challenging behavior. Any factors which might be triggering or contributing to the emergence, intensity or frequency of challenging behaviors should be included. Such factors might include issues such as recent loss, physical discomfort, being asked to do something, loud noises, boredom, being hungry, lack of attention, etc.
3. The identification of possible/probable consequences to the challenging behavior. Any factors which have been following or occurring in response to or after challenging behaviors, which might be might be strengthening, reinforcing or escalating those behaviors. This might include such factors as getting attention or something else desired, avoiding a task or demand, getting away from an undesired stimulus, being touched, being left alone, etc.

4. The identification of possible/probable functions being served by the challenging behaviors as described by the following:
   a. **communicative functions** (what is communicated by the challenging behaviors);
   b. **social/environmental control functions** (what the individual gains, or what needs or desires are met from the physical and social environment because of the identified challenging behavior); and
   c. **release functions** (what forms of stress management or stress relief may be gained through the behavior that modulates or temporarily reduces physical or emotional discomfort).

5. The functional assessment should include:
   a. Information gathered during the initial assessment.
   b. Specific challenging behavior and any physical and/or psychiatric
   c. symptoms.
   d. Locations, times and environments where the behavior occurs.
   e. Events (if known), staff/caretaker changes, or changes in life circumstances that may trigger or otherwise be associated with the behavior.
   f. How other people respond to the behavior.
   g. How often the behavior occurs and whether or not there have been recent
   h. changes in the frequency, duration, or intensity of the behavior.
   i. Techniques that might help the person control his or her behavior.
   j. A comparative analysis of contexts in which the behavior does and does
   k. not occur.
   l. The person's needs for methods or tools to manage his or her own challenging behavior.
   m. Pre-existing medical conditions or any physical disabilities or limitation, which might affect behavior or which might place the person at greater risk during restraint or use of other restricted controls.
   n. Any history of sexual or physical abuse that would place the individual at greater psychological risk during restraint.
   o. Advance directives, with respect to management of challenging behaviors, the person, or the person's parent/guardian/surrogate decision-maker, might wish to use.
   p. Any related information from speaking with others who know the person.

6. Factors that are, or suspected to influence to the identified challenging behavior may require further assessment prior to effective formulation and implementation of a behavior support plan.

7. Technical assistance and/or assessments shall be used as needed, to determine which factors are important for understanding how to respond to the behavioral issue. These services are not limited to, but may include:

a. ***Medical/Health Assessments*** to determine if there may be any medical conditions or any physical disabilities and limitations, illnesses or other conditions that relate to or cause the challenging behavior, considering as well any changes in medications and treatments.

b. ***Quality of Life Assessments*** to determine the following factors:
   1) The extent to which a person has realized his or her preferred lifestyle and vision.
   2) The degree of control a person has over his or her immediate environments.
   3) The degree of independence a person has with daily activities.
   4) The degree of access a person has to friends, family, and places in the community.
   5) The extent these factors might influence the challenging behavior.

c. ***Environmental Assessments*** to determine the following factors:
   1) Aspects of the environment that cause or contribute to the challenging behavior, including factors such as noise level, space, attractiveness, and cleanliness.
   2) Condition of assistive technology, such as wheelchairs or communication systems, access to desired materials, possessions or needed adaptive equipment (e.g., glasses and hearing aids).
   3) Opportunities for decision-making and choices; responsiveness of others to the person's communication style, as well as how others communicate with the person; and the interactions the person has with housemates (if any), friends, family members, and staff.

d. ***Psychiatric Assessments*** to identify if there is a psychiatric condition and to what extent it may influence the challenging behavior, and if psychotropic medication may be needed.

e. ***Nutritional and/or Dental*** Assessments to rule out the possibility that physical discomfort may underlie the challenging behavior.

f. Any ***Other Assessments*** (e.g., speech and language, communication, hearing, psychological) as may be indicated to determine if there are other factors that may be an influence on the person's specific challenging behavior.

E. Development of the Behavior Support Plan

1. Strategies specified in a behavior support plan shall be the most positive, effective, and least intrusive possible for that individual and circumstance. The ISP shall emphasize use of graduated strategies from least to most restrictive.

2. Support strategies shall focus on expanding the individual's independence and control over his or her environment. Supports may include interventions such as,

but not limited to, use of psychotropic medications, counseling, or conflict resolution, teaching the person alternative ways to communicate with others, expanding the opportunities for developing relationships, or improving the quality of living environments.

3. MRDDA encourages the development of a single plan to include all places or contexts in which the identified challenging behaviors occur. If separate plans are created for different settings, then close collaboration must occur between the settings in order to ensure that the strategies complementary and consistent. Collaboration must be documented.

4. Special requirements for the contents of Behavior Support Plans include, but are not limited to, the following:
   a. A statement of where the plan is to be implemented must be included.
   b. The challenging behaviors must be clearly identified and defined.
   c. The support plan must be based upon and contain a comprehensive functional assessment.
   d. Safe, adaptive, appropriate behaviors must be identified which will better meet the functional needs of the individual.
   e. The plan must be incorporated into the ISP, including formal goals and measurable objectives, and the outcomes that will be achieved as a result of behavior supports.
   f. The plan must be developed with active input from the individual support team, and with individuals in all settings in which the support plan would be implemented.
   g. Only the least intrusive and restrictive interventions needed to support the person in reducing challenging behavior and developing alternative behaviors may be used.
   h. No prohibited techniques are used.
   i. Individuals responsible for implementing, documenting, approving, monitoring, and reviewing the plan are identified.
   j. The mechanisms/methodology for implementing, documenting, approving, monitoring, and reviewing the plan are specified.
   k. Only approved restricted controls are specified, if needed.
   l. Written justification for the use of restricted controls is provided.
   m. Criteria for when and how to fade and/or discontinue restricted controls are specified.
   n. Specific procedures and strategies must be employed to support the person to communicate in more adaptive, effective ways so that the need for the particular challenging behavior is reduced.
   o. The Plan must have behavior guidelines to help staff lessen the likelihood of the occurrence of the challenging behavior (proactive strategies) and to respond if the challenging behavior does occur (reactive strategies). Reactive strategies must specify a sequence of responses from least to most restrictive/intrusive. In general, a detailed description of the behavior should include:

1) Situations and circumstances in which it is likely that the behavior will occur; including the potential for certain behaviors at different sites such as home, day, vocational or educational program.
2) Signs and signals that occur prior to the behavior.
3) How staff and others should encourage or support the expression of more appropriate responses, including staff and others at the person's day or vocational/educational programs, as well as the person's home.
4) Information that staff should document such as, but not limited to, documentation of assessment information; treatment rationale. procedures; generalization and maintenance strategies; data collection; and schedule for reviewing progress.
5) Necessary consent and approvals by the person, family or guardian, shall be outlined, as well as any approvals the ISP team deems necessary for the safe and effective implementation of the Behavior Support Plan.
6) Communication strategies with the person's Circle of Support, including staff at day or vocational/educational programs, as well as the person's home.

F. Integrating the Behavior Support Plan into the ISP

The Individual Support Plan (ISP) shall be the foundation for development of the Behavior Support Plan. (Refer to DHS/MRDDA ISP Policy.)

1. The Behavior Support Plan shall be incorporated into the ISP, with behavior-related training programs reflected directly in ISP programs. As discussed above, all behavior support plans should contain some form of learning new behaviors, and these can take the form of ISP programs with appropriate and measurable objectives and desired personal outcomes.

2. For an individual who is at risk of injury due to the behavior of leaving a residence without supervision, ISP programs which emphasize regular supervised outings in the community, and/or traffic safety training might be important steps to meeting the desires and safety needs of that person. Similarly, a person with a severe anxiety disorder might benefit from a training program in self-relaxation.

G. Approval of the Behavior Support Plan

1. All Behavior Support Plans

Prior to implementation, the Individual Support Team, including the individual and/or guardian/parent must approve the behavior support plan and provide written consent.

2. Plans with Restricted Control Procedures

If restricted controls are included in the Behavior Support Plan, then a Human Rights Committee or Behavior Management Committee must approve the plan prior to its implementation.

H. Implementation of the Behavior Support Plan

a. All Behavior Support Plans

1) Staff working with an individual must participate in competency-based training and demonstrate competence on the implementation of that individual's support plan.
2) A Behavior Support Plan must be formulated for implementation in all environmental settings in which the challenging behaviors may be expected. If this involves more than one plan, then efforts must be made and documented to ensure active communication and collaboration regarding implementation of the plan(s).

b. Plans with Restricted Control Procedures

Staff who implement plans that contain restricted controls must first have been trained in an MRDDA approved Crisis Intervention program that emphasizes non-aversive management techniques ranging in a hierarchy from least to most restrictive.

I. Documentation of the Behavior Support Plan

a. Every behavior support plan will be reflected in the goals and measurable objectives of the ISP. Further the Behavior Support Plan shall document the outcomes that are expected as a result of implementing behavior supports. All plans must specify the procedures for documentation of behavioral data, including:
   1) What kind of data is to be documented.
   2) When and how documentation should occur.
   3) Where the documentation should be done.

b. Whenever any injury occurs due to behaviors, whenever significant property damage occurs, and whenever an approved restricted control is used, then documentation must include:
   1) Information on the antecedents to the behavior (what occurred before the incident, what might be triggering the challenging behavior.)
   2) Specific description of the behavior that was observed.
   3) Description of the Consequences (What occurred after the incident, how did others respond to the behavior?)

c. When serious injuries occur due to behaviors, or when a restricted procedure is used that is not part of the approved plan, then the incident is considered a Reportable Serious Incident and must be documented and reported in accordance with MRDDA's Incident Management policy.

d. All required reviews as noted below (Section 10) shall be documented in the individual's records by the person conducting or facilitating the review.

J. Monitoring /Review/Revision of the Behavior Support Plan

a. The implementation of behavior support plans must be monitored in an ongoing manner by facility management staff or their designees. Sudden or significant changes in either the individual's behavioral functioning or in the implementation of the behavior support plan should be reported to the responsible behavior consultant or psychologist.

b. Observations of staff implementing the Behavior Support Plan and review of the behavioral data and the behavior support plan must occur at least monthly by a QMRP or Program Manager. Any sudden or significant changes in either the individual's behavioral functioning or in the implementation of the behavior support plan should be reported to the responsible behavior consultant or psychologist, and the person's MRDDA Case Manager.

c. For behavior plans containing restricted controls, behavioral progress and the behavior support plan must be reviewed and, if needed, revised on a monthly basis by a psychologist or behavior consultant.

d. For behavior plans containing restricted controls, behavioral progress and the behavior support plan must be reviewed and, if needed, revised on a quarterly basis by a psychologist or behavior consultant.

e. Behavior support plans shall be reviewed on an annual basis as part of the ISP and revised, if needed, by a psychologist or behavior consultant.

f. For behavior support plans that contain restricted controls, documentation of at least annual review and approval of a Human Rights or Behavior Management Committee must be obtained.

K. Planned Restricted Controls

The programmatic or planned use of restricted controls may only be employed as a component of an approved Behavior Support Plan.

The following criteria are considered to constitute appropriate justification for inclusion of restricted controls in a behavior support plan:

a. Positive, proactive, and minimally restrictive procedures are found to be insufficient to safely manage and treat the identified challenging behaviors.

b. Restricted control procedures have already been required for safety reasons with sufficient frequency that they cannot be considered as emergency procedures (i.e., more than three times in a six month period).

c. The physical and/or psychological risk to the individual from the specified restricted control procedures is clearly outweighed by the risk involved in not using those procedures.

d. There is reason to believe the use of the designated restricted control procedures will result in a relatively rapid and lasting behavior change which will foster more independent functioning and reduce the need for the continued use of such procedures.

L. Emergency Use of Restricted Controls

Emergency use of restricted controls occurs when there is no approved Behavior Support Plan that incorporates the planned use of restraint or protective equipment interventions.

a. The following criteria are considered to constitute appropriate justification for the emergency use of restricted controls:
   1) An unexpected crisis situation occurs where there is a threat of harm or harm occurring, or the safety or human rights of others would be compromised by a failure to intervene, and
   2) Non-restrictive or less restrictive procedures have been attempted, but are unsuccessful, or
   3) Failure to act immediately would pose a significant risk of harm.

b. A licensed psychologist and the agency director must approve the continued emergency use of restricted controls beyond the immediate crisis.

c. The person's team, including an appropriately credentialed professional, shall review the emergency use of restricted controls within twenty-four (24) hours.

d. All emergency uses of restricted controls must be considered and documented as a reportable serious incident, according to MRDDA policy on Incident Management.

M. General Requirements for Application of Programmatic or Emergency Restricted Controls

a. Staff applying the restricted control shall be trained in its use and application prior to the use of the restricted control.

b. Staff will be trained regarding the potential hazards/cautions regarding the restricted control.

c. Prior to applying approved protective equipment, the person applying such a device(s) must inspect and document that the device is in good repair and is free from tears or protrusions that may cause injury.

d. A person placed in restricted control shall be continuously observed for signs and symptoms of adverse effects on his or her health and well-being. In the event that adverse effects are observed, the staff providing continuous observation of the person shall immediately release the person from restricted control and shall take steps necessary to address the situation, including immediate notification of a nurse or physician and supervisory personnel.

e. A designated person, other than the person(s) implementing the restricted control procedure (e.g., another direct contact staff member, nurse, or supervisor), shall conduct this continuous observation when there are other staff or persons available. The person's condition shall be documented every fifteen (15) minutes that he or she is under a restricted control.

f. If there are no other persons available to provide assistance, the person applying the restricted control shall continuously observe and then complete the necessary documentation after the episode has ended.

g. The restricted control shall be discontinued as soon as the person is no longer a threat to him or herself or others.

h. The provider agency director or designee must be informed each time restricted control is used through the incident reporting process or other mechanism established by the provider agency. The sole exception to this policy is when the person's Behavior Support Plan, subject to the approval of the provider's Human Rights Committee, has determined the routine use of the specified restricted control is necessary and appropriate.

N. Reporting the Emergency or Improper Use of Restricted Control Procedures to MRDDA

Emergency or improper use of restricted controls constitutes a Serious Reportable Incident, as specified by MRDDA's Incident Management Policy.

a. A Serious Reportable Incident report shall be filed for each emergency or improper use of restraint or protective equipment as required in MRDDA's Incident Management Policy. MRDDA shall oversee the receipt and review of the incident and determine any appropriate actions.

b. The MRDDA Human Rights Committee shall review all emergency use of restricted controls. In addition, the MRDDA Case Manager shall follow-up on inappropriate incidents of restraint or use of protective equipment in accordance with the MRDDA Incident Management Policy.

O. Notification of Other Parties

a. MRDDA will provide a copy of the Serious Reportable Incident Report Form to the Court Monitor for Evans class members within twenty-four (24) hours, in accordance with the DHS/MRDD Incident Management Policy.

b. The MRDDA Human Rights Committee shall provide a summary of its review to the Court Monitor and the Quality Trust, at least quarterly. The summary shall include information about all approved behavior support plans that authorize the use of restricted procedures, as well as the Committee's review of emergency restricted controls that have been employed.

c. The individual or professional employing restricted control procedures will notify the individual's family or guardian, if one, the Quality Trust, and/or legal advocate, as soon as reasonably possible once the incident is under control and/or within twenty-four (24) hours pursuant to the notification requirements specified in the person's ISP.

P. Documentation

The use of restricted controls shall be recorded in the person's record and address the following information:

a. Circumstances that led to the use of restricted controls.
b. Rationale for the type of intervention.
c. Written physician's orders, when applicable for use of restricted controls.
d. Behavioral criteria for discontinuation.
e. Each verbal directive received from supervisory or licensed professionals.
f. Each in-person evaluation and reevaluation of the individual.

g. Notes from the continuous observation of direct care staff (at no less than 15 minute intervals, if applicable).
h. Effect of psychoactive medications on behavior and observed side effects from medication.
i. Assistance provided to the person to help him or her meet the behavior criteria for discontinuation of a restricted control.
j. Debriefing of the individual with staff.
k. Any injuries that are sustained and treatment received for these injuries, and
l. Any deaths.

Q. Review of the Emergency Use of Restricted Controls

The provider shall conduct a review on the emergency use of restricted controls within twenty (24) hours following the episode. The review shall:
a. Identify what lead to the incident and what could have been handled differently.
b. Assess the extent to which the person's physical well being, psychological comfort, and right to privacy were addressed.
c. Provide for counseling the person for any trauma that may have resulted from the incident.
d. Modify the person's Behavior Support Plan, or Individual Support Plan, as needed.
e. Identify whether follow-up training is needed for staff to address similar incidents.

VIII TRAINING REQUIREMENTS

1. Competency Based Training for Staff

a. Only staff that participate in competency-based training on implementation of restricted controls and demonstrate their competence and understanding of the following factors may employ restraint procedures:
1) Underlying causes of challenging behaviors exhibited by
2) persons they serve.
3) How a medical condition not related to the person's emotional condition, such as hypoglycemia, may result in challenging behavior.
4) How the staff's own behaviors may affect the behavior of the individuals they serve.
5) How to use various techniques to defuse the person's behavior, such as, but not limited to, redirection, self-protection, or mediation.
6) Non-violent approaches to aggressive behavior.
7) How to recognize signs of physical distress in individuals who are being held, restrained, or medicated.
8) How age, developmental considerations, gender issues, ethnicity, and history of sexual or physical abuse may affect the way a person responds to physical contact.

9) How to use behavioral criteria to determine when to discontinue the restricted control.
10) Taking vital signs and interpreting their relevance to the physical safety of the person.
11) Recognizing nutritional and hydration needs.
12) Checking circulation and range of motion in extremities.
13) Assessing hygiene and elimination requirements.
14) Addressing physical and psychological status and comfort.
15) Assisting persons to meet behavior criteria for the discontinuation of the restricted control.
16) Recognizing when to contact medical personnel in order to evaluate or treat the person's medical needs.

b. Following the initial training, staff shall receive a refresher course, at least annually, on the implementation of restricted controls.

c. The Provider shall maintain records of staff training in the employee's personnel file and a summary record that identifies training topics and dates of training sessions.

IX REQUIREMENTS: PROVIDER POLICIES

1. Current Provider Submission Requirements

Providers that currently serve individuals with mental retardation and/or other developmental disabilities who are residents of the District of Columbia shall submit policies and procedures that demonstrated compliance with the requirements of this policy within sixty (60) days from it's effective date.

2. New Provider Submission Requirements

Providers who first offer services to individuals with mental retardation or developmental disabilities residing in the District of Columbia, following the effective date of this policy, shall submit policies and procedures within sixty (60) days of receiving the first referral.

3. MRDDA Review of Provider Policies

MRDDA shall review provider policies and shall notify the provider in writing within thirty (30) days of receipt as to whether the policy meets requirements stated herein. If the provider policy does not meet requirements, the provider shall have thirty (30) days to address the deficiencies or be subject to disciplinary action by DHS/MRDDA.

Government of the District of Columbia
Department of Human Services
Mental Retardation & Developmental
Disabilities Administration

Behavior Support Policy

Implementation Plan

RESTRICTED CONTROL PROCEDURES

Implementation Plan

1.0 Introduction

The Mental Retardation and Development Disabilities Administration established guidelines, protocols, and procedures for use of positive behavior supports and restricted controls. This document outlines MRDDA's strategy for the implementation of the Behavior Support and Restricted Controls Policy, including the timeframe and anticipated budget.

Ultimate responsibility for the implementation of the Behavior Support and Restricted Controls Policy resides with MRDDA. This policy applies to all District of Columbia employees and all agencies and persons that provide services or supports to individuals with developmental disabilities through funding, contract, or provider agreement with the Department of Human Services, Mental Retardation Developmental Disabilities Administration or the Department of Health.

The anticipated effective date for this policy is 60 days from the completion of training provided by MRDDA.

Policy Objectives

The purpose of the Behavior Support and Restricted Controls Policy is to establish the approach to building and maintaining environments that provide maximum positive supports to a person's behavioral functioning and that is responsive to the needs of persons experiencing challenging behaviors, including symptoms of mental illness. Further, the policy provides guidelines for the development of behavior support plans and for the use of restricted controls as part of a planned or emergency intervention to addressing challenging behaviors.

Policy Requirements

The charts below highlight the significant requirements of the policy.[1] A complete reading of the Behavior Support and Restricted Controls Policy is necessary to understand the full impact of this policy implementation.

Charts 1.0, - 1.12 highlight the significant implementation requirements of the policy.

[1] Behavior Support and Restricted Controls Policy

Chart 1.0 – Provider Administrative Responsibilities for Internal Policies and Procedures

Policy Section	Requirements
§ V. 9, § VIII, IX. Provider Responsibilities for Internal Policies and Procedures:	▪ Policy and procedures for the use of Positive Behavior Supports and Restricted Controls.
	▪ Competency based training for staff and documentation of training.
	▪ Responsibility to insure that policy, expectations and requirements are clear among staff, volunteers, and others who provide services and supports to MRDDA's customers.
	▪ Submission of provider agency policies and procedures to DHS/MRDDA for review and approval within sixty (60) days of policy effective date, or for new providers, within sixty (60) days of receiving the first referral.
	▪ Resolution of any deficiencies in policies and procedures within thirty (30) days of written notification from MRDDA of deficiencies.
	▪ Implementation of policy and procedures within targeted time frame.

Chart 1.1 – DHS/MRDDA Administrative Responsibilities

Policy Section	Requirements
§V, VIII, IX. DHS/MRDDA Responsibility:	▪ Central focus within MRDDA to advance the use of positive behavior supports and monitor use of restricted controls.
	▪ Methods to track, trend, and report on the use of behavioral support plans and restricted controls.
	▪ Process to review and approve provider policies and procedures on use of behavior supports and restricted controls within 30 days of submission.
	▪ Schedule of competency- based pre/in-service training on use of positive behavioral supports and restricted controls.
	▪ Responsibility to insure policy, expectations, and requirements are clear.
	▪ Forms and processes to facilitate the development of behavior support plans and reports on the use of restricted controls.
	▪ Technical assistance and consultation to provider agencies.
	▪ Review and approval of provider agency policies and procedures.
	▪ Notification of the individual's family or guardian, legal advocate, Court Monitor, Quality Trust.
	▪ Implementation of policy and procedures within targeted time frame.

Chart 1.2 – Determination of Need

Policy Section	Requirements
§ VI. 1 – 4 Determination of Need for a Behavior Support Plan	▪ Determination through the ISP process whether a Behavior Support Plan is necessary to address challenging behaviors. MRDDA Case manager monitors need for behavior assessment for all consumers; Provider/QMRP has lead responsibility for ICF-MR consumers.
	▪ Through the ISP process, determination of need for assessment. Identification of recommendations for other assessments, including medical dental, nutritional or psychological. Determination of life considerations or environmental changes needed.
	▪ Need for formal Behavior Support Plan.
	▪ Functional assessment of behaviors.
	▪ Documentation in consumer files.

Chart 1.3 – Behavior Support Plan

Policy Section	Requirements
§ VI. 5 Development of the Behavior Support Plan	▪ Design of a Behavior Support Plan that: ➢ is positive, effective and least intrusive for the individual and circumstance. ➢ focuses on independence and control. ➢ uses graduated strategies from least to most restrictive. ➢ includes all places or contexts in which the identified challenging behaviors occurs and identifies collaboration requirements between the settings in order to ensure that the strategies are complementary and consistent.
	▪ Identification in the Behavior Support Plan of: ➢ situations and circumstances in which the behavior is likely to occur ➢ signs and signals that occur prior to the behavior. ➢ how staff and others should encourage or support the expression of more appropriate responses, including staff and others at the person's day or vocational/educational programs or at the person's home ➢ information the staff should document. ➢ necessary consent and approvals by the person, family or guardian, and any other approvals. ➢ communication strategies with the person's Circle of Support, including staff at day or vocational/educational programs or at the person's home.
VI. 6 Integration Behavior Support Plan with ISP	▪ Integration of the behavior support plan with the Individual Support Plan (ISP)
	▪ Integration of new learning behaviors identified in the behavior support plan through design of ISP programs with appropriate and measurable objectives and desired personal outcomes.
§ VI. 7 Approval of the Behavior Support Plan	▪ Approvals of the consumer and/or guardian/parent and written consent.
	▪ Approval of use of restricted controls in the behavior support plan by a Human Rights Committee or Behavior Management Committee prior to implementation.
§ VI. 8 Implementation of the Behavior Support Plan	▪ Staff training and demonstrated competency on the implementation of the individual's behavior support plan.
	▪ Formulation of behavior support plan in all environmental settings in which the challenging behaviors may be expected.
	▪ Staff training in an MRDDA approved Crisis intervention program that emphasizes non-aversive management techniques in a hierarchy from least to most restrictive for staff who implement behavior support plans that specify use of restricted controls.
§ VI. 9 Documentation of the Behavior Support Plan	▪ Documentation in the consumer's file and specification of the procedures for documentation of behavioral data.
	▪ Documentation of any injury, significant property damage, and use of an approved restricted control must occur.

Chart 1.4 Monitoring, Review, and Revision of the Behavior Support Plan

Policy Section	Requirements
§ VI. 10 Monitoring, Review, and Revision	▪ Monitoring behavior support plans on an ongoing basis by facility management staff or their designees.
	▪ Report of sudden or significant changes to the responsible behavior consultant or psychologist.
	▪ Monthly observations of staff implementing the behavior support plan by the QMRP or Program Manager, and report of sudden or significant changes to the behavior consultant or psychologist, ant the person's MRDDA case manager.
	▪ Review of behavior support plans monthly and quarterly by a psychologist or behavior consultant when restricted controls are in place. Revise as needed.
	▪ Documentation of at least annual review and approval of a human rights or behavior management committee must occur when restricted controls are included in the behavior support plan.

Chart 1.5 Planned Use of Restrictive Controls

Policy Section	Requirements
§ VI. 11 Planned Restrictive Controls	▪ Use of programmatic or planned use of restricted controls only as a component of an approved behavior support plan.
	▪ Identification of criteria for appropriate inclusion of restricted controls in a behavior support: ➢ Positive, proactive, and minimally restrictive procedures are found to be insufficient to safely manage and treat the identified challenging behaviors. ➢ Restricted control procedures have already been required for safety reasons with sufficient frequency that these procedures cannot be considered as emergency (i.e. more than three times in a six month period). ➢ The physical and/or psychological risk to the individual from the specified restricted control procedures is clearly outweighed by the risk involved in not using those procedures. ➢ There is reason to believe that use of designated restricted control procedures will result in rapid and lasting change and foster independent function and reduce the need for continued use of the procedures.

Chart 1.6 Emergency Use of Restrictive Controls

Policy Section	Requirements
§ VI. 12 Emergency Use of Restrictive Controls	▪ Use of restricted controls on an emergency basis occurs when there is no approved Behavior Support Plan that incorporates planned use of restraint or protective equipment interventions.
	▪ Identification of criteria for emergency use of restricted controls: ➢ Unexpected crisis situation where there is a threat of harm or harm occurring, or the safety or human rights of others would be compromised by a failure to intervene. ➢ Non-restrictive or less restrictive procedures have been attempted, but are unsuccessful. ➢ Failure to act immediately would pose a significant risk of harm.
	▪ Approval of the continued use of restricted controls beyond the immediate crisis by a licensed psychologist and the agency director.
	▪ Review, within twenty-four (24) hours, the emergency use of restricted controls by the person's team, including an appropriately credentialed professional.
	▪ Documentation and reporting of emergency use of restricted controls as a reportable serious incident.

Chart 1.7 General Requirements for Use of Restrictive Controls

Policy Section	Requirements
§ VI. 13 General Requirements for Application of Programmatic or Emergency Restricted Controls	▪ Staff training on the use and application prior to the use of restricted controls.
	▪ Staff training on the potential hazards/cautions of a restricted control.
	▪ Inspection of protective equipment and documentation that the device is in good repair and free from defects that may cause injury.
	▪ Continuous observation of the person for signs and symptoms or adverse effects; immediate release of the person when adverse effects occur; steps to address the situation, and immediate notification of a nurse or physician and supervisory personnel.
	▪ Observation by staff other than the person applying the restricted control whenever another staff is available, and documentation of the person's status every fifteen (15) minutes that he or she is under a restricted control.
	▪ Discontinuation of the restricted control as soon as the person is no longer a threat to him or herself or others.
	▪ Informing the agency director each time a restrictive control is used except when, the person's behavior support plan, subject to the approval of the provider's Human Rights Committee, has determined the routine use of the specified restricted control is necessary and appropriate.

Chart 1.8 Reporting Emergency or Improper Use of Restrictive Controls

Policy Section	Requirements
§ VI. 14 Reporting the Emergency or Improper Use of Restricted Control Procedures to MRDDA	▪ Report of Serious Reportable Incident to MRDDA for each emergency or improper use of restraint or protective equipment.
	▪ Review by the MRDDA Human Rights Committee of use or emergency use of restricted controls.

Chart 1.9 Notification of the Use of Restricted Controls

Policy Section	Requirements
§ VI. 15 Notification of Other Parties	▪ Copy of Serious Reportable Incident Form to Court Monitor for Evans class members within twenty-four (24) hours from MRDDA.
	▪ At least quarterly summary of MRDDA Human Rights Committee review to Court Monitor and the Quality Trust.
	▪ Notification of the individual's family or guardian, if one, the Quality Trust, and/or legal advocate by the individual or professional using the restricted control, as soon as possible but within twenty-four (24) hours pursuant to the notification requirements specified in the person's ISP.

Chart 1.10 Documentation of the Use of Restricted Controls

Policy Section	Requirements
§ VI. 16 Documentation	▪ Documentation in the person's record of the use of restricted controls.

Chart 1.11 Review of the Emergency Use of Restricted Controls

Policy Section	Requirements
§ VI. 17 Review of the Emergency Use of Restricted Controls	▪ Within 24-hours, provider review of the emergency use of restricted controls.

Chart 1.12 Training Requirements for Use of Restricted Controls

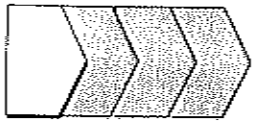
Policy Section	Requirements
§ VII. 1 Training Requirements	▪ Demonstrated competency based training on the use of restricted controls by any staff that uses restricted controls.

2.0 Plan of Action

The Implementation Plan includes four primary tasks:

- Task 1: Communicate Policy
- Task 2: Implement Policy
- Task 3: Develop and Implement Training
- Task 4: Evaluate Policy Implementation

Implementation Outline	
Task 1: Communicate Policy	Subtask 1.1: Develop Internal Communication Strategy Subtask 1.2: Identify Application Barriers and Clarify Terms Subtask 1.3: External Communication Strategies
Task 2: Implement Policy	Subtask 2.1: Define and Document Processes/Workflow Subtask 2.2: Document Procedures and Controls Subtask 2.3: Develop and Implement Work Plans
Task 3: Develop and Implement Training	Subtask 3.1: Develop Training Curriculum and In-Service Certification Subtask 3.2: Identify Training Population and Assess Readiness Subtask 3.3: Organize and Conduct Training Subtask 3.4: Evaluate Training Effectiveness Subtask 3.5: Deliver On-going Training
Task 4: Evaluate Policy Implementation	Subtask 4.1: Develop Performance Measures Subtask 4.2: Refine Policy Subtask 4.3: Implement Changes Subtask 4.4: Monitor On-going Implementation



Phase 1: Communicate Policy

The initial activities surrounding implementation of the Behavior Support and Restricted Control policy involve ensuring that all relevant internal and external stakeholders have a clear understanding of the policy and its implications on their work activities. The purpose of these activities is to ensure that staff and stakeholders expectations surrounding their roles and responsibilities are aligned with those of MRDDA management.

Subtask 1.1: Develop Internal Communications Strategy

- *Communicate Policy*

The Behavior Support and Restricted Controls policy will be disseminated to MRDDA Senior Management, Supervisors, and Case Managers to provide them with the opportunity to interpret their responsibilities and accountabilities and the impact on their current activities. The expected outcomes of the implementation should be clearly stated and communicated to the staff during the dissemination process. MRDDA will:

- Develop and execute a communications strategy within the organization regarding the dissemination and operation of the policy;
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel; and
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

Subtask 1.2: Identify Application Barriers and Clarify Terms

- *Identify Barriers and Impediments*

Once MRDDA staff has had an opportunity to read and understand the policy, MRDDA staff should be able to identify potential barriers and impediments to the application of this policy to their work.

- *Define and Clarify Terminology*

Staff will also need assistance in defining terminology that is unclear in the policy or that may be subject to multiple interpretations. Staff will require a clear understanding of responsibility and applicability of the policy in order to understand who is ultimately responsible for various requirements of the policy on Behavior Support and Restricted Controls.

- *Convene Focus Group Meetings*

Focus Groups with MRDDA management and staff will be held to ensure that expectations are clearly understood and to identify potential risks to the effective implementation of the policy.

Subtask 1.3: Develop External Communications Strategy

The policy and its implications will need to then be explained to other stakeholders including the provider community. These stakeholders will be given the opportunity to communicate their ability to implement the policy and the timeframe in which they can achieve full implementation of the policy. MRDDA will:

- Develop and execute a communications strategy to the provider community and other stakeholders regarding the dissemination and the operations of the policy;
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel; and
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

- *Obtain Buy-in and Support*

MRDDA will solicit feedback as to barriers to implementation and provide timeframe for feedback from providers. An external communication plan, which will include provider meetings, summits, or focus groups, will be developed to gather provider comments.

Task 2: Implement Policy

MRDDA management will work with staff and other stakeholders to resolve implementation barriers that are identified through the Communication Process. These barriers will be divided into the following two categories:

- *Internal barriers:* MRDDA has complete control over resolution of the barrier.

- *External barriers:* MRDDA must coordinate with another organization to resolve barrier. Ultimate responsibility resides with MRDDA to resolve any identified barrier.

A pre-implementation review and evaluation of the Behavior Support and Restricted Controls Policy indicates the following potential barriers to application of this policy:

- Current Individual Support Plans, of which the Behavior Support Plans are not submitted by providers on a timely basis.

- Extensive training must occur to assist provider staff with understanding use of positive behavior supports, the design of effective behavior support plans, and the requirements for use of restricted controls.

Subtask 2.1 : Define and Document Processes/Workflow

MRDDA will define and document processes/ workflow for ensuring timely completion of Behavior Support Plans. An initial, pre-implementation review indicates the need to clearly develop and/or document the following processes:

- Process for identification when a Behavior Support Plan should be developed.

- Documentation and record-keeping process and how this process will interface with tracking ISPs and incidents.

Subtask 2.2: Document Procedures and Controls

Once the processes are clearly defined and documented for each process that is developed to support the Behavior Support and Restricted Controls policy, MRDDA will need to ensure that appropriate internals controls are integrated with the business process to ensure achievement of objectives of the policy.

These internal controls will then be incorporated into procedures that are consistent with the Behavior Support and Restricted Controls policy and its objectives.

Subtask 2.3: Develop and Implement Work Plans

MRDDA will develop Work Plans to phase in the procedures that are defined and documented for the Behavior Support and Restricted Controls policy. The pre-implementation review and evaluation of the policy indicated that the following activities would need to be completed as part of the implementation:

- *Identify the number of consumers who currently have behavior support plans and for whom restricted controls are authorized*
  - Develop Database to capture information on current consumers
  - Develop process to identify consumers on an ongoing basis
- *Provide Technical Assistance*
  - Identify resources that can provide technical assistance on design of positive behavior supports/Behavior Support Plans and on the use of restricted controls
  - Provide technical assistance to providers and case managers on positive behavioral supports and use of restricted controls.

Task 3: Develop and Implement Training

MRDDA will develop and execute a training program to ensure that the MRDDA personnel, provider community and other key stakeholders are able to effectively and efficiently implement the Behavior Support and Restricted Controls policy. MRDDA will:

Subtask 3.1: Develop Training Curriculum

- Develop Training Curriculum
  - Develop training curriculum for MRDDA personnel, provider community and other key stakeholders on how to identify needs for positive behavior

supports, the elements of an effective Behavior Support Plan and the requirements for using restricted controls.

- Train personnel on determining the need for positive behavior supports and use of restricted controls.

Subtask 3.2: Identify Training Population and Assess Readiness

- MRDDA will be responsible for ensuring that personnel are trained and that facilities, hardware, and software are available and adequate. MRDDA will:

  - Identify all personnel requiring training;
  - Create Database of all participants to be trained; and
  - Assess readiness of personnel identified for training.

Subtask 3.3: Organize and Conduct Training

- *Prepare a Training Schedule*

  Coordinate a training schedule to avoid conflicts and ensure training dates are incorporated into agency calendar.

- *Produce Training and Evaluation Materials*

  - Develop training support tools and material. Actual guides and reference manuals will be customized to address issues specific to each training module;
  - Develop handbook/manual for vendors and staff. This handbook may incorporate existing materials.
  - Develop training evaluation forms, surveys, and questionnaires to solicit feedback from users about the training process.

- Deliver Training

The actual training process will take place in accordance with the specific needs and requirements of each module.

Subtask 3.4 Evaluate Training Effectiveness

- Monitor Training Program and Data Collection

Monitoring involves ensuring the successful completion of exercises and collecting and analyzing the training evaluation forms/questionnaires. In certain environments, monitoring allows any training program changes to be made before the major program changes or staffing alignments are performed. The associated tasks are as follows:

- Confirm Training Evaluation Plan;
- Confirm Evaluation Instruments/Procedures;
- Confirm Training Criteria;
- Collect and Analyze Evaluations; and
- Maintain Training Status Database.

Subtask 3.5: Deliver On-going Training

The delivery of an on-going, uniform Behavior Support and Restricted Controls training program is essential to providing consistent, effective services to consumers, as well as to achieving MRDDA's overall business process improvement objectives. A uniform training program will allow MRDDA to objectively evaluate and assess the capabilities of its personnel and provider community, as well as its own progress towards improved service delivery. The training program will incorporate "best practices" from other jurisdictions, as well as "lessons learned" during the implementation process. Periodic monitoring of training effectiveness will be incorporated into the training methodology based upon performance measures identified during the implementation process.

Task 4: Evaluate Policy Implementation

MRDDA will develop goals, objectives, requirements, and measures of success that are necessary for establishing the expectations and direction for the implementation of this policy. It is important that the standards used to measure performance are designed to produce successful and accurate results.

Subtask 4.1: Develop Performance Measures

- Identify the performance measures

  - Identify performance measures in the three improvement areas: effectiveness, efficiency, and adaptability;

  - Ensure that the performance measures are relevant, quantifiable, and documented; and

  - Develop performance measures throughout the flow of a process, so that corrective actions can be applied while a process is being performed.

Subtask 4.2: Refine Policy

- Develop Recommendations

Identify and prepare recommendations to improve the Behavior Support and Restricted Controls Policy. The recommendations will:

  - Outline improvements for strengthening the weaknesses of the current processes;

  - Evaluate the risks inherent in keeping the current system and processes, modifying the current system, and/or the feasibility of adopting alternative solutions;

  - Incorporate "best practices" from other organizations that are suitable for the MRDDA.

- Develop an enhancement to the MRDDA Customer Information System (MCIS) that allows for automated tracking of significant/critical dates related to implementation of Behavior Support Plans and use of restricted controls.

Subtask 4.3 Implement Changes

- Develop action plan and timeline

Develop step-by-step action plans for implementing and rolling out the recommendations for the Behavior Support and Restricted Controls policy. The action plan will include key implementation schedules, timelines, and milestones.

Subtask 4.4 Monitor On-going Implementation

- Plan for management and monitoring process performance

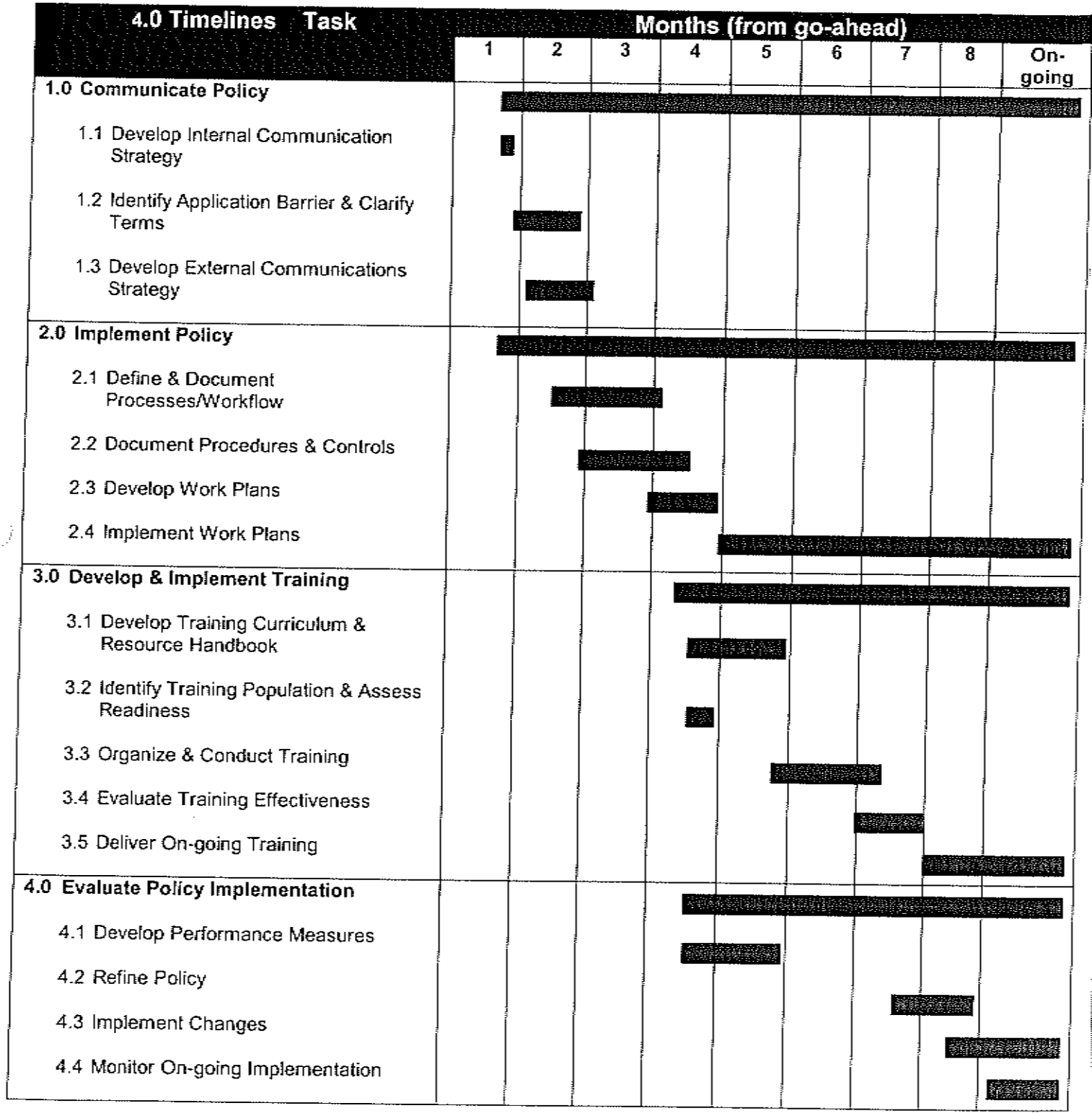
Incorporate "best practices" identified in the area of performance monitoring into a plan to manage and monitor MRDDA's newly implemented Behavior Support and Restricted Controls policy and work practices.

3.0 Implementation Responsibilities

Ultimate responsibility for the implementation of the Behavior Support and Restricted Controls policy resides with MRDDA.

4.0 Timeline

The timeline for implementation of the Behavior Support and Restricted Controls policy is impacted by the need to provide training on key aspects of the policy, particularly in relation to use of positive behavior supports.


4.0 Timelines Task
Months (from go-ahead)
1
2
3
4
5
6
7
8
On-going
1.0 Communicate Policy
1.1 Develop Internal Communication Strategy
1.2 Identify Application Barrier & Clarify Terms
1.3 Develop External Communications Strategy
2.0 Implement Policy
2.1 Define & Document Processes/Workflow
2.2 Document Procedures & Controls
2.3 Develop Work Plans
2.4 Implement Work Plans
3.0 Develop & Implement Training
3.1 Develop Training Curriculum & Resource Handbook
3.2 Identify Training Population & Assess Readiness
3.3 Organize & Conduct Training
3.4 Evaluate Training Effectiveness
3.5 Deliver On-going Training
4.0 Evaluate Policy Implementation
4.1 Develop Performance Measures
4.2 Refine Policy
4.3 Implement Changes
4.4 Monitor On-going Implementation

Internal Budget for implementation Plan to be developed

6.0 Deliverables

Deliverable	Description
Phase I – Interpret & Explain Policy	
Behavior Support and Restricted Controls Policy	Final policy for Behavior Support and Restricted Controls that is to be implemented at MRDDA.
Focus Group Meetings	Focus Group Meetings with MRDDA management and staff to identify application barriers.
Application Barriers	Define barriers to incorporating Behavior Support and Restricted Controls policy into MRDDA's business processes and within the provider community.
Phase II – Apply Policy	
Work plans to resolve application barriers	Work plans to resolve internal and external barriers to implementation, including timelines for resolution.
Documented Processes	Define and document processes need for implementation.
Documented Procedures & Internal Controls	Documented procedures necessary to effectively deliver Behavior Support and Restricted Controls to MRDDA consumers.
Work Plan for phase-in of procedures	
Behavior Support and Restricted Controls Database	Database to capture information on consumers needing Behavior Support and Restricted Controls and to provide mechanism to track use of restricted controls
Survey of Behavior Support and Restricted Controls Needs	Initial Survey of MRDDA consumers to identify those with existing Behavior Support Plans and who are subject to use of restricted controls.
Training Curriculum	Training to staff and providers to more effectively identify needs.
List of Technical Assistance Resources	Resources that can be used for technical assistance on the development of Behavior Support Plans and use of restricted controls.
Phase III – Evaluate Policy Implementation	
Performance Measures	Performance Measures to evaluate the effectiveness of the implementation and impact of service delivery changes.
Recommendations	Recommendations to improve the policy implementation process and the Behavior Support and Restricted Controls policy.
Strategies to change policy	Strategies to incorporate recommendations into the policy and to implement the revised policy.